

REQUEST FOR CERTIFICATE OF CONFORMANCE UNDER PRIVATE LABEL

Name of Private Labeler/Distributor		HAS AGREED TO PRIVATE LABEL'S			
Model N	CO			TE OF CONFORMANCE (CC)	
		BE MARKETED	AS MODEL NO.	Private Labeler/Distributor's Model No.	
THAT METROLO				CHANGES TO THE DEVICE THE AFOREMENTIONED	
WE HEREBY REQUEST THAT A CC FOR THIS DEVICE BE ISSUED IN OUR NAME, AND WE AGREE TO PAY ALL COSTS ASSOCIATED WITH ISSUING THIS CERTIFICATE OF CONFORMANCE. THE \$690.00 NON-REFUNDABLE APPLICATION FEE FOR THIS REQUEST IS:					
Name			Title		
	Date			Signature	
Prior to September 1, return application and fee to: National Type Evaluation Program Applications National Institute of Standards and Technology 100 Bureau Drive, Stop 2350 Gaithersburg, MD 20899-2350 Phone: (301) 975-4004 Fax: (301) 926-0647 ☐ check (make check payable to "DOC/NIST") ☐ purchase order; indicate purchase order number:		National 15245 SI Suite 130 Rockvill Phone: (□ check	Beginning September 1, return application and fee to: National Conference on Weights and Measures (NCWM) 15245 Shady Grove Road Suite 130 Rockville, MD 20850-3222 Phone: (240) 632-9454 Fax: (301) 990-9771 □ check (make check payable to "NCWM") Purchase orders will not be accepted.		
☐ Visa ☐ Discover Card Number: Exp. Date:	☐ MasterCard ☐ American Express		☐ MasterCard mber: e:	☐ American Express	
Name of Cardholder:		Name of	Name of Cardholder:		
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AUTHORIZATION TO PRIVATE LABEL A DEVICE

	CERTIFIES THAT IT IS THE ORIGINAL
Name of Manufacturer	
MANUFACTURER OF THE DEVICE COVERED UN	DER NTEP CERTIFICATE OF CONFORMANCE (CC) NO.
CC No.	
Name of Manufacturer	HAS AGREED TO PRIVATE LABEL FOR
OU	R COVERED
Name of Private Labeler/Distributor	R COVERED
UNDER NTEP CC NO	
CC. No.	Name of Manufacturer
AUTHORIZES	TO USE THE RESULTS OF THE
EVALUATION CONDUCTED IN CONJUNCTION V	WITH THIS CC TO SEEK A CC IN ITS OWN NAME. THE
DEVICE PROVIDED TO	IS IDENTICAL TO THE ORIGINAL
Name of Privat	e Labeler/Distributor
TYPE FOR WHICH WE RECEIVED THE AFOREME	ENTIONED CC, AND, OTHER THAN A CHANGE IN THE
NAME PLATE, WE AGREE TO MAKE NO CHANG	GES TO THE DEVICE.
Name	
Title	
Title	
Date	
240	
Signature	